

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046590

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3579

FILED DEC 16 1963

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Clayton

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Charlesc. CITY  
OR  
TOWN St. Charles

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis Co. Hospital

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS 1224 Clearview Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First ERNEST

Middle WALTER

Last SMITH

4. DATE  
OF  
DEATH

Month November

Day 20

Year 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-11-1907 56

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hoisting Eng.

## 10b. KIND OF BUSINESS OR INDUSTRY

J. &amp; S. Constr. Co.

## 11. BIRTHPLACE (City and state or country)

University City, Mo. U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Charles Smith

## 13b. MOTHER'S MAIDEN NAME

Frances M Mueller

## 14. NAME OF HUSBAND OR WIFE

Mary C Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

69

## 17. INFORMANT

MARY SMITH

## Address

ST CHARLES, MO.

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arteriosclerotic heart disease

3 years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8/31/63 to 11/2/63 and last saw her alive on 11/2/63  
Death occurred at About 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Norman P. Krowl MD

## 22b. ADDRESS

3720 Washington Blvd  
ST LOUIS 8, MO

## 22c. DATE SIGNED

11/22/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11-23-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Lake Charles Cemetery

## 23d. LOCATION (City, town, or county)

ST LOUIS CO. MO.

## 24. FUNERAL DIRECTOR

620 Jefferson St.,  
St. Charles, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-22-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4002

2 0928

3 2

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 45-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David P. Kane

Licensed Embalmer No. 5060

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be stated above.

Arthur C. Kane  
230 Jefferson St.  
St. Charles, Mo.